



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL NORTH

City of Hospital: Indianapolis

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0169

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$899441061
Outpatient Patient Service Revenue	\$678874417
Total Gross Patient Service Revenue	\$1578315478

2. Deductions From Revenue

Contractual Allowance	\$1070401229
Other Deductions	\$7001876
Total Deductions	\$1077403105

3. Total Operating Revenue

Net Patient Service Revenue	\$500912373
Other Operating Revenue	\$25012925
Total Operating Revenue	\$525925298

4. Operating Expenses

Salaries and Wages	\$108253836	Employee Benefits	\$26500378
Depreciation and Amortization	\$14975939	Interest Expense	\$13426889
Bad Debt	\$23334613	Other Expenses	\$227332940
Total Operating Expenses	\$413824595		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$112100703	Total Assets	\$1272179798
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$6503512

Total Net Gains	\$112100703
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$619312102	\$495325819	\$123986283
Medicaid	\$322988433	\$256194425	\$66794008
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$636014943	\$325882861	\$310132082
Total	\$1578315478	\$1077403105	\$500912373

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$7001876
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1463627	
HCI Payments	\$0		
Subtotal	\$0	\$1463627	\$-1463627
Medicaid Shortfalls	\$66780357	\$95317583	
Subtotal	\$66780357	\$96781210	\$-30000853
DSH Payments	\$0		
Subtotal	\$66780357	\$96781210	\$-30000853
Medicare Shortfalls	\$123960220	\$129436229	
Other Government Programs	\$0	\$0	
Total	\$190740577	\$226217439	\$-35476862

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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